

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042306

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 1

FILED JAN 4 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN INDEPENDENCE

Length of stay in 1b
52 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
11226 EAST 20th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
GEORGE L. ANDERSON

4. DATE OF DEATH
Month Day Year
DECEMBER 28, 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-13-1885

9. AGE (last birthday) 77
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED PLUMBING CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY
PLUMBING

11. BIRTHPLACE (City and state or country)
ORRICK, MISSOURI

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JOSEPH ANDERSON

13b. MOTHER'S MAIDEN NAME

JULIA ANN TARWATER

14. NAME OF HUSBAND OR WIFE

VERDA E. ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT Address
Verda E. Anderson, 11226 E. 20th St., Indep.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Biliary cirrhosis

INTERVAL BETWEEN ONSET AND DEATH
2+ yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Common duct gall stone & extra hepatic bile obstruction

2+ yrs

DUE TO (c)

Progressive hepatic cholangitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 27-1962 to Dec 28-1962 and last saw her alive on 12/28/1962
Death occurred at about 10 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. J. Anderson

22b. ADDRESS

10901 W. [REDACTED]

22c. DATE SIGNED

12/27/1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12-31-62

23c. NAME OF CEMETERY OR CREMATORY
MOUND GROVE CEMETERY

23d. LOCATION (City, town, or county)
INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO

25. DATE RECD. BY LOCAL REG.

12-29-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

FEB 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. T. Crumley

Licensed Embalmer No. 4904

P. O. Address 91-C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

13-29-62